

**Exhibit L**  
**Medical File**  
**X-Ray Exam Request**

ALABAMA / MISSISSIPPI  
1-800-845-8183

mont-4

SOUTHERN RADIOLOGY  
SERVICES, LLC

Please Indicate Patient Status:

Bill Facility (Medicare Part A Skilled)  
Bill Insurance (3rd Party Non-Skilled)  
Hospice  
Employee

PLEASE PRINT

PATIENT: <u>Martinez, Anselmo</u>		RESPONSIBLE PARTY INFORMATION (MUST BE COMPLETED FOR ALL PATIENTS)	
DOB: <u>[REDACTED]</u> SEX: (M) F ROOM #: <u>      </u>	NAME: <u>LEE COUNTY DETENTION CENTER</u>	PHONE #: ( )	
FACILITY: <u>Lee County Jail</u> CODE: <u>      </u>	ADDRESS: <u>NURSING</u>	DATE: <u>      </u>	ZIP: <u>      </u>
PHONE: <u>(334) [REDACTED]</u> FAX: <u>(334) [REDACTED]</u>	CITY: <u>OPELIKA, AL 36803-2407</u>		
SS#: <u>58 [REDACTED]</u>			
MEDICARE #: <u>      </u> CODE: <u>      </u>	PATIENT SIGNATURE: _____		
MEDICAID #: <u>      </u> CODE: <u>      </u>	Patient's or Authorized Person's Signature. I authorized the release of any medical or other information necessary to process this claim. I request payment of government/insurance benefits be made to the provider performing services.		
INSURANCE: <u>      </u> CODE: <u>      </u>			
INSURANCE #: <u>      </u> PRE CERTIFICATION # <u>      </u>	<input type="checkbox"/> Patient Unable to Sign		

EXAMS REQUESTED: Please Mark Each Clearly  
X-RAY EXAMS

74000	Abdomen, 1 View		73520	Hip, Min 2 Views w/Pelvis	L R	73590	Tibia/Fibula, 2 Views	L R
73600	Ankle, 2 Views (AP 7 LAT)	L R	73510	Hip, Comp Min 2 Views	L R	73100	Wrist, 2 Views	L R
73610	Ankle, Comp Min 3 Views	L R	73060	Humerus, Min 2 Views	L R	73110	Wrist, Min 3 Views	L R
73650	Calcaneus (Heel), 2 Views	L R	73560	Knee, 2 Views	L R		OTHER	
71010	Chest, 1 View (AP)		73562	Knee, 3 Views (inc OBLQ)	L R		OTHER EXAMS	L R
			70160	Nasal Bones, Comp Mid 3 Views				
71111	Chest With Ribs, 4 Views		72170	Pelvis, 1 Views				
73000	Clavicle, Complete	L R	71100	Ribs, 2 Views	L R	93000	EKG Pacemaker:	Y N
73070	Elbow, 2 Views	L R	72220	Sacrum/Coccyx, Min 2 Views		95819	EEG	
73080	Elbow, Comp 3 Views	L R	73030	Shoulder, Min 2 Views	L R			
73550	Femur, 2 Views	L R	70210	Sinuses, Less Than 3 Views				
73620	Foot, 2 Views	L R						
73630	Foot, Comp Min 3 Views	L R	70250	Skull, Less Than 4 Views				
73090	Forearm, 2 Views	L R	72040	Spine, Cervical 2 Views				
73120	Hand, 2 Views	L R	72100	Spine, Lumbosacral 2 Views				
73130	Hand, Min 3 Views	L R	72070	Spine, Thoracic 2 Views				

DIAGNOSIS/SYMPTOM(S): Please Mark ALL that apply

787.3	Abdomen Distention (Flatulence)	496	COPD, Chronic Obstructive Pulm. Dis.	560.9	Obstruction, Intestinal
787.5	Abnormal Bowel Sounds	786.2	Coughing		Pain in
413.0	Angina		Dislocation of	485	Pneumonia, Confirmed
	Arthritis of	780.4	Dizziness	514	Pneumonia, Probable
429.2	ASCVD, Arteriosclerotic cardiovas. Dis.	787.2	Dysphagia (Difficulty Swallowing)	795.5	Positive Mantoux, PPD
427.31	Atrial Fibrillation	782.3	Edema (Swelling)	518.4	Pulmonary Edema, NOS
507.0	Aspiration	492.0	Emphysema	515	Pulmonary Fibrosis
427.89	Bradycardia	780.6	Febrile (Feverish)	786.7	Rales in Chest
	Bruise of		Possible Fracture of	786.09	Shortness of Breath
466.0	Bronchitis, NOS	560.39	Impaction	780.2	Syncope & Collapse
	Carcinoma of	518.3	Infiltrate, Lung	785.0	Tachycardia
429.3	Cardiomegaly	410.92	Myocardial Infarction	011.90	Tuberculosis
786.50	Chest Pain, Unspecified	787.01	Nausea and Vomiting	519.8	URI (Chronic)
514	Congestion, Chest				OTHER
428.0	Congestive Heart Failure				

PHYSICIAN'S SIGNATURE: _____	NURSE'S SIGNATURE: <u>Stewart</u>	X-RAY #	TECH: <u>KSC</u>
Because of physical psychological and/or age limitations, this patient would find it difficult to receive this/these procedure(s) at a fixed site. I certify that this/these procedure(s) is/are medically necessary for the proper treatment of this patient.	ORDERING PHYSICIAN: <u>Dr. F. L. [REDACTED]</u> CODE	DATE: <u>5-17-06</u>	# VIEWS: <u>3</u>
RADIOLOGIST:	PHONE #: ( )	ARRIVE TIME:	Q0092 # <u>1</u>
PRELIMINARY REPORT:	FAX: <u>(334) 737-3574</u>	DEPART TIME:	# PTS SEEN <u>1</u>